PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number AUS920010152051

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
			(Column 1)		(Column 2)		7	TYPE		OR	SMALL	ENTITY
TOTAL CLAIMS			25				[RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	BER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			25minus 20=		• 5			X\$ 9=		OR	X\$18=	9n
INDEPENDENT CLAIMS			3 minus 3 =		0			X40=		OR	X80=	
ML	ILTIPLE DEPEN	DENT CLAIM P	RESENT					+135=		OR	+270=	-
* If	the difference	in column 1 is	less than ze	ess than zero, enter "0" in column 2			1	TOTAL		OR	TOTAL	80U
CLAIMS AS AMENDED - PART II								•		-	OTHER	THAN
(Column 1) (Column 2) (Column 3)							ì -	SMALL		OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT			IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	·25	Minus	<i>•• 2</i>	5	=		X\$ 9=		OR	X\$18=	
AME	Independent	・ <u>ろ</u> NTATION OF MU	Minus	***	T CL AIM	= \		X40=		OR	X80=	
<u> </u>	Limorinese	TATALON OF INC		LIVEIN	. OLIMINI			+135=		OR	+270=	
								TOTAL		OR	TOTAL	
(Column 1) (Column 2) (Column 3)								ADDIT. FEE	L	J - ' ' .	ADDIT. FEE	
		(Column 1) CLAIMS	Soft of Sold		mn 2) HEST	(Column 3)	1 -		455:		1	4==:
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI	1BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T CL AINA	=		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							'	+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	•	=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	 	X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									J.1		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											